

**WORKERS' COMPENSATION
AUTHORIZATION RELEASE FORM FOR PAYROLL DEDUCTIONS**

Ms. Sheryl Wright, City Auditor
City of Lowell
375 Merrimack Street
Lowell, MA 01852

Date: _____

Dear Ms. Wright:

Effective immediately, would you kindly deduct from my Workers' Compensation check the following weekly premiums:

I. (please check where applicable)

_____ medical insurance
_____ dental insurance
_____ life insurance
_____ other (please specify)

II. In addition, I authorize you to deduct an additional _____ per week from my check to cover premiums due to the City of Lowell.

Sincerely,

Employee Signature

Employee Print Name

PLEASE RETURN FORM TO: City of Lowell Law Department
375 Merrimack Street, 3rd Floor
Lowell, MA 01852
Attn: Karen Gagnon

cc: Law Department
Human Relations
Credit Union